24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 6 FOR SE OF FORM 24/48						
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼						
FREEDOMWORKS FOR AMERICA	C C00499020						
	0 00040020						
Check if X 24-hour report 48-hour report New report Amends report filed on							
Full Name of Payee	Date of Public Distribution/Dissemination						
Freedomworks, Inc.	10 21 2014						
Mailing Address 400 N Capitol St., NW	Amount						
Suite 735							
City State Zip Code Washington DC 20001	38.82 Transaction ID : SE.64266						
	Date of Disbursement or Obligation						
Purpose of Expenditure IE-Poliquin-Email/Social Media/Printing Category/ Type 004	10 21 / Y Y Y Y Y						
Name of Federal Candidate Support	Office Sought: House District: 02						
BRUCE L POLIQUIN Oppose	President Senate State: ME						
	Disbursement For: Primary						
Full Name of Payee	Date of Public Distribution/Dissemination						
Freedomworks, Inc.	10 22 2014						
Mailing Address 400 N Capitol St., NW							
Suite 735	Amount						
City State Zip Code	83.33						
Washington DC 20001	Transaction ID: SE.64267 Date of Disbursement or Obligation						
Purpose of Expenditure IE-Poliquin-Email/Social Media/Printing Category/ Time 004	M = M / D = D / Y = Y = Y						
Туре	10 22 2014						
	Office Sought: House District: 02						
BRUCE L POLIQUIN Oppose	President Senate State: ME						
	Disbursement For: ☐ Primary ☐ General Other (specify) ►						
(a) SUBTOTAL of Itemized Independent Expenditures	122.15						
(b) SUBTOTAL of Unitemized Independent Expenditures							
	7 7						
(c) TOTAL Independent Expenditures	-						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
Matt Kibbe [Electronically Filed] Date	11 01 2014						
Signature							

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 6 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
FREEDOMWORKS FOR AMERICA	C C00499020
Check if X 24-hour report 48-hour report X New report X Amends report fill	ed on May / Dad / Yayayay
Full Name of Payee Freedomworks, Inc.	Date of Public Distribution/Dissemination
Mailing Address 400 N Capitol St., NW	10 24 2014 Amount
Suite 735	
City State Zip Code Washington DC 20001	53.72 Transaction ID : SE.64268 Date of Disbursement or Obligation
Purpose of Expenditure IE-Poliquin-Email/Social Media/Printing Category/ Type 004	10 / 24 / 2014
Name of Federal Candidate Support Off	ice Sought: X House District: 02
BRUCE L POLIQUIN Oppose	President Senate State: ME
Calendar Year-To-Date Per Election for Office Sought Dis 20:	bursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Freedomworks, Inc.	10 28 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 400 N Capitol St., NW	Amount
Suite 735	
City State Zip Code Washington DC 20001	19.97 Transaction ID : SE.64270 Date of Disbursement or Obligation
Purpose of Expenditure IE-Poliquin-Email/Social Media/Printing Category/ Type 004	10 28 2014
Name of Federal Candidate Support Of	fice Sought: X House District: 02
BRUCE L POLIQUIN Oppose	President Senate State: ME
Calendar Year-To-Date Per Election for Office Sought Diagram 20	sbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	73.69
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
[Electronically Filed] Date	11 01 2014
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	medule L)			FOR SE OF	FORM 24/48	
	ME OF COMMITTEE (In Full)		FEC I	DENTIFICATION	ON NUMBER ▼	
۲l	REEDOMWORKS FOR AMERICA		С	C00499020		
Che	eck if X 24-hour report 48-hour report New report Amends report filed		= M	/ D D /	Y Y Y Y	
Т	Full Name of Payee	Date o	f Publi	ic Distribution/	/Dissemination	
	Freedomworks, Inc.		10 ^M	/ 28 /	2014	
	Mailing Address 400 N Capitol St., NW	Amour	nt			
-	Suite 735 City State 7in Code	-			00.22	
	City State Zip Code Washington DC 20001			ID: SE.64279 oursement or C		
-	Purpose of Expenditure IE-Garcia-Email/Social Media/Printing Category/ Type 004	M	10 M	28	2014	
f	Name of Federal Candidate Support Offic	ce Sought	: [X House	District:02	
	MARILINDA GARCIA Oppose	Preside	_	Senate	State: NH	
-	Calendar Year-To-Date Per Election for Office Sought Dist 2014			Primary	General	
ŀ	Full Name of Payee			ipecify) ►	/Dissemination	
	Freedomworks, Inc.	M	10 Publ	/ DED /	2014	
	Mailing Address 400 N Capitol St., NW Suite 735	Amour	-			
-	City State Zip Code	1 [19.97	
	Washington DC 20001			ID: SE.64281 oursement or (Obligation	
	Purpose of Expenditure IE-Garcia-Email/Social Media/Printing Category/ Type 004	M	10 ^M	28	2014	
ŀ	Name of Federal Candidate Support Office	ce Sought	t: [X House	District: 02	
		Preside	Ŀ	Senate	State: NH	
	Calendar Year-To-Date Per Election for Office Sought Disk 201			Primary	General	
((a) SUBTOTAL of Itemized Independent Expenditures				118.30	
((b) SUBTOTAL of Unitemized Independent Expenditures					
((c) TOTAL Independent Expenditures			-		
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	Matt Kibbe [Electronically Filed] Date	11 /	01	201	4	
_	Signature	الت				
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OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

FREEDOMWORKS FOR AMERICA Check if	R W				
Check if 24-hour report 48-hour report New report Amends report filed on 14					
Check if 24-hour report 48-hour report Amends report filed on					
Freedomworks, Inc. Mailing Address 400 N Capitol St., NW Suite 735 City State Zip Code Washington DC 20001 Purpose of Expenditure IE-Poliquin-Email/Social Media/Printing Name of Federal Candidate BRUCE L POLIQUIN Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Freedomworks, Inc. Mailing Address 400 N Capitol St., NW Suite 735 City State Zip Code Date of Disbursement or Obligation Full Name of Payee Freedomworks, Inc. Mailing Address 400 N Capitol St., NW Suite 735 City State Zip Code Washington DC 20001 Transaction ID: SE.64280 Date of Public Distribution/Dissemination Transaction ID: SE.64280 Date of Disbursement For: Primary Gen Cother (specify) Amount Transaction ID: SE.64280 Date of Disbursement or Obligation Transaction ID: SE.64280 Date of Disbursement or Obligation Transaction ID: SE.64280 Date of Disbursement or Obligation	Y				
Mailing Address 400 N Capitol St., NW Suite 735 City State Zip Code Washington DC 20001 Purpose of Expenditure IE-Poliquin-Email/Social Media/Printing Category/ Type 004 Name of Federal Candidate BRUCE L POLIQUIN Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Freedomworks, Inc. Mailing Address 400 N Capitol St., NW Suite 735 City State Zip Code Washington DC 20001 Transaction ID: SE.64269 Date of Disbursement or Obligation Full Name of Payee Freedomworks, Inc. Transaction ID: SE.64269 Date of Disbursement For: Primary Gen 2014 Other (specify) ▶ Date of Public Distribution/Dissemination Amount Transaction ID: SE.64269 Date of Disbursement For: Primary Amount Transaction ID: SE.64269 Date of Disbursement For: Date Purpose of Expenditure List Gardia-Email/Social Media/Printing Category/ Cat	n				
Suite 735 City State Zip Code 49. Washington DC 20001 Purpose of Expenditure IE-Poliquin-Email/Social Media/Printing Name of Federal Candidate BRUCE L POLIQUIN Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Freedomworks, Inc. Mailing Address 400 N Capitol St., NW Suite 735 City State Zip Code Washington DC 20001 Manual Transaction ID: SE.64269 Date of Disbursement or Obligation M 10	Y				
City Washington DC 20001 Transaction ID: SE.64269 Date of Disbursement or Obligation Purpose of Expenditure IE-Poliquin-Email/Social Media/Printing Name of Federal Candidate BRUCE L POLIQUIN Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Freedomworks, Inc. Mailing Address 400 N Capitol St., NW Suite 735 City State Zip Code Purpose of Expenditure LE Garcia Fmail/Social Media/Printing DC 20001 Transaction ID: SE.64269 Date of Disbursement or Obligation Transaction ID: SE.64269 Date of Disbursement or Obligation Amount 49: Transaction ID: SE.64269 Date of Disbursement or Obligation Amount Transaction ID: SE.64280 Date of Disbursement or Obligation Transaction ID: SE.64280 Date of Disbursement or Obligation Category/ ON4					
Washington DC 20001 Transaction ID: SE.64269 Date of Disbursement or Obligation	16				
Purpose of Expenditure IE-Poliquin-Email/Social Media/Printing Name of Federal Candidate BRUCE L POLIQUIN Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Freedomworks, Inc. Mailing Address 400 N Capitol St., NW Suite 735 City Washington Purpose of Expenditure Purpose of Expenditure IE-Garcia-Email/Social Media/Printing Category/ Type Od4 Support Office Sought: X House District: Category/ Oppose President Senate State: M Other (specify) Amount Amount Transaction ID : SE.64280 Date of Disbursement or Obligation Purpose of Expenditure IE-Garcia-Email/Social Media/Printing	۲				
BRUCE L POLIQUIN Oppose President Senate State: M Disbursement For: Primary Gen Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Freedomworks, Inc. Mailing Address 400 N Capitol St., NW Suite 735 City State Support Oppose President Senate State: M Other (specify) Date of Public Distribution/Dissemination 10 30 42014 Amount Transaction ID: SE.64280 Date of Disbursement or Obligation Purpose of Expenditure Fe Carcia-Femail/Social Media/Printing Category/ Odd Transaction ID: SE.64280 Date of Disbursement or Obligation Category/ Odd	Y				
BRUCE L POLIQUIN Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Freedomworks, Inc. Mailing Address 400 N Capitol St., NW Suite 735 City State Zip Code Washington Purpose of Expenditure F-Garcia-Femil/Social Media/Printing Disbursement For: Primary Amount Disbursement For: Primary Date of Public Distribution/Dissemination Amount Transaction ID: SE.64280 Date of Disbursement or Obligation Category/ Odd Amount Category/ Category/ Odd Amount Category/ Category/ Odd Amount Category/ Odd Disbursement or Obligation Category/ Odd Amount Category/ Odd Disbursement or Obligation Category/ Odd Disbursement or Obligation)2				
Per Election for Office Sought Full Name of Payee Freedomworks, Inc. Mailing Address 400 N Capitol St., NW Suite 735 City State Zip Code Washington Purpose of Expenditure Purpose of Expenditure F. Garcia-Frail/Social Media/Printing Category/ 004	E				
Full Name of Payee Freedomworks, Inc. Mailing Address 400 N Capitol St., NW Suite 735 City State Zip Code Washington Purpose of Expenditure Purpose of Expenditure IE-Garcia-Frail/Social Media/Printing Category/ Cother (specity) Date of Public Distribution/Dissemination Amount Transaction ID: SE.64280 Date of Disbursement or Obligation	eral				
Freedomworks, Inc. Mailing Address 400 N Capitol St., NW Suite 735 City State Zip Code Washington DC 20001 Purpose of Expenditure IE-Garcia-Frail/Social Media/Printing Category/ 004					
Mailing Address 400 N Capitol St., NW Suite 735 City State Zip Code Washington DC 20001 Purpose of Expenditure IE-Garcia-Email/Social Media/Printing Category/ 004 Amount Transaction ID : SE.64280 Date of Disbursement or Obligation					
City State Zip Code Washington DC 20001 Transaction ID: SE.64280 Date of Disbursement or Obligation Purpose of Expenditure IE-Garcia-Email/Social Media/Printing Category/ 004					
Washington DC 20001 Transaction ID : SE.64280 Date of Disbursement or Obligation Purpose of Expenditure IE-Garcia-Email/Social Media/Printing Category/ 004	3				
Purpose of Expenditure F. Garcia-Email/Social Media/Printing Category/ O04 A0 2044					
	Y				
Name of Federal Candidate Support Office Sought: House District:	02				
MARILINDA GARCIA Oppose President Senate State: N	H				
Calendar Year-To-Date Per Election for Office Sought Total Primary Service Sought Disbursement For: □ Primary Service Servi	neral				
	_				
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures	\Box				
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Matt Kibbe [Electronically Filed] Date 11 01 2014					
Signature					

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OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	51123	PAGE 5 OF 6 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) FREEDOMWORKS FOR AMERICA		FEC IDENTIFICATION NUMBER ▼
FREEDOWWORKS FOR AWIERICA		C C00499020
Check if 24-hour report 48-hour report New report	Amends report filed or	1 M M / D D / Y Y Y Y Y
Full Name of Payee Sam Martin	[Date of Public Distribution/Dissemination
Mailing Address 4338 1/2 Normal Ave.		10 27 2014
	/	Amount
_ ·	Code	77.64
Los Angeles CA 90		Transaction ID : SE.64282 Date of Disbursement or Obligation
Purpose of Expenditure IE-Garcia-Online Ad Production	Category/ Type 004	10 27 2014
Name of Federal Candidate	Support Office S	Sought: X House District: 02
MARILINDA GARCIA		resident Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	Disburse 2014	ement For:
Full Name of Payee	1	Date of Public Distribution/Dissemination
Targeted Creative		10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 106 S. Columbus Ave.	,	Amount
City State Zip	o Code	2014.90
Alexandria VA 22		ransaction ID : SE.64271 Date of Disbursement or Obligation
Purpose of Expenditure IE-Poliquin-Yard Signs	Category/ Type 004	10 31 / 2014
Name of Federal Candidate	Support Office S	Sought: X House District: 02
BRUCE L POLIQUIN		President Senate State: ME
Calendar Year-To-Date Per Election for Office Sought	56235.17 Disburs 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures		2092.54
		7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	······	7 7
(c) TOTAL Independent Expenditures	· [
Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized co party committee) any political party committee or its agent.		
Matt Kibbe [Electronical	lly Filed] Date 11	/ 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

FREEDOMWORKS FOR AMERICA Check if 24-hour report 48-hour report Memory Date of Public Distribution/Dissertargeted Creative Full Name of Payee Targeted Creative	Y Y Y Y
Check if 24-hour report 48-hour report New report Amends report filed on Date of Public Distribution/Disser	Y Y Y
Check if 24-hour report 48-hour report New report Amends report filed on Full Name of Payee Targeted Creative	Y Y Y
Targeted Creative	Y Y Y
	2014
Mailing Address 106 S. Columbus Ave. Amount	
City State Zip Code	2014.90
Alexandria VA 22314 Transaction ID : SE.64278 Date of Disbursement or Obligat	
Purpose of Expenditure Category/ Category/	2014 Y
Name of Federal Candidate Support Office Sought: House Distriction Districtio	ot: 02
MARILINDA GARCIA Oppose President Senate State	NII I
Calendar Year-To-Date Per Election for Office Sought 9773.00 Disbursement For: □ Primary ≥ 2014 □ Other (specify) ▶	C General
Full Name of Payee Date of Public Distribution/Disse	emination
Mailing Address Amount	
City State Zip Code	
Purpose of Expenditure Category/ Type Date of Disbursement or Obligate Purpose of Expenditure	tion
Name of Federal Candidate Support Office Sought: House District Oppose President Senate State	
Calendar Year-To-Date Per Election for Office Sought Disbursement For: □ Primary □ Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures	14.90
(b) SUBTOTAL of Unitemized Independent Expenditures	-
(c) TOTAL Independent Expenditures	519.90
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not party committee) any political party committee or its agent.	
Matt Kibbe [Electronically Filed] Date 11 01 2014 Signature	